



Qualified Plan Data

Plan Sponsor Information

Company Name:		
Address:		
Telephone:	Fax:	
Contact Person:	Email:	
EIN Number:	Fiscal Year End:	
Description of Business:	NAICS Code:	
Date of Incorporation:		
Type of Entity:		Type of Plan:
<input type="checkbox"/> Corporation	<input type="checkbox"/> Profit Sharing	
<input type="checkbox"/> S Corporation	<input type="checkbox"/> 401(k) Plan	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Defined Benefit	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Cash Balance	
<input type="checkbox"/> LLC (If LLC, how is LLC taxed?)	<input type="checkbox"/> 403(b)	
Stockholders	Title	Ownership %

Plan Contact Information

Accountant (CPA) Name:
Firm Name:
Address:
Email:
Telephone :
Investment Advisor Name:
Firm Name:
Address:
Email:
Telephone:

Additional Information

Controlled Organizations & Affiliated Services Groups:		
Does this company or any stockholder listed above own any part of any other organization?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, please complete a separate Qualified Plan Data form.		
Current Plans:		
Are there, or have there ever been, any retirement plans sponsored by this company?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Plan Name:	Plan #:	
Stockholders	Title	Ownership %

Please email completed form to info@tpadmininc.com